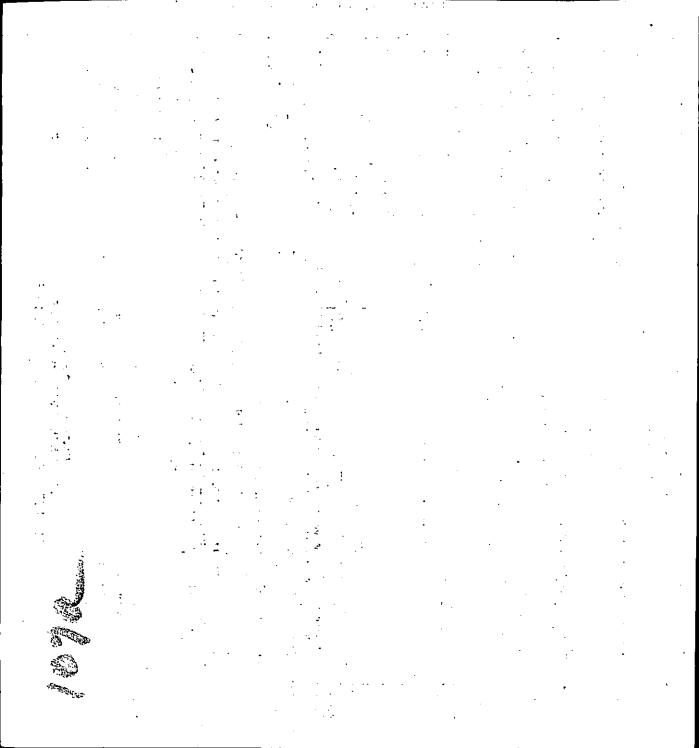
MISSOURI STATE BOARD OF HEALTH Do not use this space. FEB 1 8 1937 BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH 2523 1. PLACE OF DEATH County... Registration District No..... File No. Primary Registration District No. Township... Registered No..... City..... 2. FULL NAME (a) Residence, No..... (Usual place of abode) (If nonresident, give city or town and State) Length of residence in city or town where death occurred YES. mos. How long in U. S., if of foreign birth? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR 21. DATE OF DEATH (MONTH, DAY, AND YEAR) DIVORCED (write the word) , 1937 m I HEREBY CERTIFY, 22. That I attended deceased from SA. IF MARRIED, WIDOWED, OR DIVORCED 193>, to) 0 , 193> HUSBAND OF (OR) WIFE OF 19.3.7. Death is said 2 ا. بد 1936 to have occurred on the date stated above, at 6 m. 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) The principal cause of death and related causes of importance were as follows: 7. AGE If LESS than 1 YEARS MONTHS DAYS day.hrs. Date of oaset ormin. 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc..... 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 11. Total time (years) spent in this 10. Date deceased last worked at this occupation (month and Other contributory causes of importance: occupation year)..... 12. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 13. NAME Name of operation What test confirmed diagnosis? & 75 Was there an autopsy? Lo 14. BIRTHPLACE (CITY OR TOWN). (STATE OR COUNTRY) 23. If death was due to external causes (violence), fill in also the following: 15. MAIDEN NAME Where did injury occur?.... 16. BIRTHPLACE (CITY OR TOWN)..... (Specify city or town, county, and State) (STATE OR COUNTRY) Specify whether injury occurred in industry, in home, or in public place. 17. INFORMANT (ADDRESS) ms Manner of injury..... 18. BURIAL, CREMATION, OR REMOVAL Nature of injury..... 24. Was disease or injury in any way related to occupation of deceased? L.Q. If so, specify 19. UNDERTAKER. (ADDRESS) no. 20. FILED. Registrar



BUREAU OF V	BOARD OF HEALTH UTAL STATISTICS ATE OF DEATH
1. PLACE OF DEATH County Begistration District No. Township Primary Registration District No. City No. 10 No. 10 St. Ward) 2. FULL NAME Am County Outlinear	
(a) Residence, No	.,
PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Artie the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) 22. I HEREBY CERTIFY That I attended deceased from
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, at
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.	Other contributory causes of importance:
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 13. NAME 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	Name of operation Dato of What test confirmed diagnosis? Was there an autopsy?
(STATE OR COUNTRY) 15. MAIDEN/NAME 16. BIRTHPPACE (CITY OR TOWN) (STATE OR COUNTRY)	23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?
17. INFORMANT	Manner of injury Nature of injury
PLACE DATE 19. 19. UNDERTAKER (ADDRESS)	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed) M. D.
20. FILED Registrar.	(Address) Hayli, 1905,

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